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TRANSMITTAL FORM

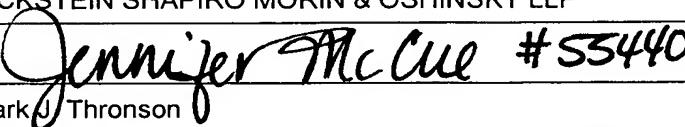
(to be used for all correspondence after initial filing)

		Application Number	10/679,397-Conf. #5471
		Filing Date	October 7, 2003
		First Named Inventor	Nobuyuki Hokari
		Art Unit	1764
		Examiner Name	T. Nguyen
Total Number of Pages in This Submission		Attorney Docket Number	A8319.0026/P026

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input checked="" type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	Request for Continued Examination Return Receipt Postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	Remarks	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	DICKSTEIN SHAPIRO MORIN & OSHINSKY LLP		
Signature	 #55440		
Printed name	Mark J. Thronson		
Date	April 4, 2006	Reg. No.	33,082



AMENDMENT TRANSMITTAL LETTER				Docket No. A8319.0026/P026																																					
Application No. 10/679,397-Conf. #5471		Filing Date October 7, 2003		Examiner T. Nguyen																																					
Applicant(s): Nobuyuki Hokari																																									
Invention: HEAVY OIL REFORMING METHOD, AN APPARATUS THEREFOR, AND GAS TURBINE POWER GENERATION SYSTEM																																									
TO THE COMMISSIONER FOR PATENTS																																									
Transmitted herewith is an amendment in the above-identified application.																																									
The fee has been calculated and is transmitted as shown below.																																									
CLAIMS AS AMENDED																																									
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; padding: 2px;"></th> <th style="text-align: center; padding: 2px;">Claims Remaining After Amendment</th> <th style="text-align: center; padding: 2px;">Highest Number Previously Paid</th> <th style="text-align: center; padding: 2px;">Number Extra Claims Present</th> <th style="text-align: center; padding: 2px;">Rate</th> <th style="text-align: center; padding: 2px;"></th> </tr> </thead> <tbody> <tr> <td style="padding: 2px;">Total Claims</td> <td style="text-align: center; padding: 2px;">7</td> <td style="text-align: center; padding: 2px;">- 20 =</td> <td style="text-align: center; padding: 2px;">0</td> <td style="text-align: center; padding: 2px;">x</td> <td style="text-align: center; padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">Independent Claims</td> <td style="text-align: center; padding: 2px;">2</td> <td style="text-align: center; padding: 2px;">- 3 =</td> <td style="text-align: center; padding: 2px;">0</td> <td style="text-align: center; padding: 2px;">x</td> <td style="text-align: center; padding: 2px;"></td> </tr> <tr> <td colspan="6" style="padding: 2px;">Multiple Dependent Claims (check if applicable) <input type="checkbox"/></td> </tr> <tr> <td colspan="6" style="padding: 2px;">Other fee (please specify):</td> </tr> <tr> <td colspan="5" style="padding: 2px;">TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</td> <td style="text-align: center; padding: 2px;">0.00</td> </tr> </tbody> </table>							Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate		Total Claims	7	- 20 =	0	x		Independent Claims	2	- 3 =	0	x		Multiple Dependent Claims (check if applicable) <input type="checkbox"/>						Other fee (please specify):						TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					0.00
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Total Claims	7	- 20 =	0	x																																					
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Multiple Dependent Claims (check if applicable) <input type="checkbox"/>																																									
Other fee (please specify):																																									
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					0.00																																				
<input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity																																									
<input type="checkbox"/> No additional fee is required for this amendment.																																									
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed.																																									
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.																																									
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.																																									
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>04-1073</u> as described below. A duplicate copy of this sheet is enclosed.																																									
<input checked="" type="checkbox"/> Credit any overpayment.																																									
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.																																									
 <u>Jennifer McCue #55440</u> Dated: <u>April 4, 2006</u>																																									
Mark J. Thronson Attorney/Agent Reg. No.: 33,082																																									
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